

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1. Application Date Feb. 18, 1975		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed MAR - 4 1975 75-79 APR - 9 1975			
2. Agency Application No. DHR-DBP-18		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Benefits Payments Medicaid Section 47 Trinity Ave., SW Atlanta, Ga.		4. Person to Contact Joe Kimbrough 5. Working Title Staff Supervisor 6. Tel. No. 656-4700			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.							
8. Earliest & Latest Dates of Series 1967 to present		9. Exact Series Title MEDICAID CASH PAYMENT JOURNAL FILES					
10. What is the function of the office in which this record series is created? The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care. Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.							
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to compilation of source documents (Medicaid Expenditure Voucher, Nursing Home Expenditures and Medicaid Refunds) which display all medicaid payment transactions to a medicaid vendors (doctors, hospitals, and nursing homes) during a specified period. Included are: Computer Output Microfilm identifying Medicaid vendor number assigned by Medicaid Unit, medicaid vendor name, patient's name, patient's case number assigned by County Family and Children Service Offices, date of medical treatment, date medicaid claim paid, check number, amount paid, and requisition number. This information is compiled monthly and quarterly; monthly and quarterly reports are compiled into an annual updated report. Files are arranged chronologically by month of report; thereunder numerically by vendor number and/or numerically by case number. ATTACH SAMPLES OF THE FILE							
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION		No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers		2	14.0	FLOOR SPACE OCCUPIED (Square Feet)		26 Microfilm Reels	
Legal-size File Drawers						In Office(s) In Storage Area(s)	
3 Reels Monthly 8 Reels Quarterly 26 Reels Annually				AVERAGE DAILY REFERENCES		This Year's 25	Last Year's 10
						Preceding Year's 5	All Prior Years 1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☒ [X] ☐ []
Reduce amount of space and equipment required for records storage.
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☒ [X] ☐ []
COM is generated from EDP file.
22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24. ☒ [X] ☐ []
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. **REQUIREMENTS.** The following requires the files to be kept 15 years:
a. ☐ [] STATE LAW ☒ [X] STATUTE OF LIMITATION ☒ [X] AUDIT PERIOD ☐ [] FEDERAL LAW ☒ [X] ADMINISTRATIVE DECISION ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☐ [] FISCAL YEAR ☒ [X] OTHER _____, then:

☐ [] Hold in the current files area _____ month(s)/_____ year(s):

☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):

☐ [] Destroy.

☐ [] Transfer to State Archives for permanent retention.

☐ [] Destroy immediately after cut-off.

☐ [] Other: (Specify)

SEE ATTACHED SHEET

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>William M. Dyer</i>		Date <i>Feb 24 1975</i>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Joe Kimbrough</i>	<i>2-19-75</i>
	State Auditor/Designee	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Dyer</i>	<i>4-8-75</i>
	Secretary of State/Designee	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll Hart</i>	<i>4-4-75</i>
	Attorney General/Designee	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Robert J. Hall</i>	<i>4-9-75</i>
STATE RECORDS COMMITTEE				

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Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

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MEDICAID CASH PAYMENT JOURNAL MAGNETIC DISK PAK -

Maintain in DOAS Data Center; Update disk pak on a weekly/monthly basis by inputting selected information from Medicaid Expenditure Voucher File, Nursing Home Medicaid Expenditure File, and Medicaid Refund File into Medicaid Cash Payment Journal Magnetic Disk Pak storage; erase obsolete or superseded information as files are updated.

MEDICAID CASH PAYMENT JOURNAL FILE (COM) -

Monthly and Quarterly Reports -

Destroy upon receipt and verification of Annual Updated Report.

Annual Updated Report -

Cut off file at end of each calendar year; hold in current files area 5 years; then destroy. NOTE: These files may not be destroyed until all audit questions are resolved.

Department of Human Resources
Division of Benefits Payments
Medicaid Section
47 Trinity Ave., S. W.
Atlanta, Georgia

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#25 (continued)

SECURITY MEDICAID CASH PAYMENT JOURNAL FILE (COM) -

Monthly and Quarterly Reports -

Cut off file quarterly;
then transfer to State Records
Center; hold 21 months; then
destroy.

Annual Updated Report -

Cut off file at end of each
calendar year; hold in current
files area 6 months; then transfer
to State Records Center; hold
4 1/2 years; then destroy.
NOTE: These files may not be
destroyed until all audit questions
are resolved.